

wife with his symptoms after she had admitted her intentions of using it on him. Presumably his intention would not have been to kill himself but only to make himself ill.

Another possibility, that of accidental ingestion of the poison, has to be considered. In this scenario we could imagine that Adelaide had shown Edwin the bottle of chloroform, confessing her intention to use it as a sexual depressant. She had left it on the mantelpiece and was either out of the room or fell asleep when Edwin mistakenly took the chloroform, thinking it was medicine. Perhaps he awoke from a sleep and did this; perhaps he had agreed to Adelaide helping him to sleep with a few drops of chloroform on a handkerchief and awoke in a confused state. It would be surprising if the hot, burning taste of the chloroform had not alerted Edwin to his mistake. But his mouth and throat may have been sufficiently inflamed from his successive dental visits for the sensation in the mouth not to be as acute as it might otherwise have been. On balance, accidental ingestion seems the least likely possibility.

The third possibility, that of Adelaide murdering Edwin, certainly fits some of the facts. Her motive was that, despite any outward appearance to the contrary, she saw herself happier married to Dyson than to Edwin. She procured chloroform with Dyson's help and used the vapour to make Edwin drowsy, probably with his consent as the pain of the dental treatment may have made sleep difficult. She then offered her

husband brandy, which has a fiery taste, perhaps giving him a few sips. Pouring the chloroform into the wine glass, she could have persuaded her husband to swallow in one draught what he thought was more brandy. The inflamed state of his mouth may have delayed the sensations of burning pain until it was too late and he had swallowed the poison. She could just as easily have continued using the vapour until Edwin was dead but believed that the liquid was a surer way and was convinced that it would be dissipated before the necropsy. She poured more brandy down the dying man's throat to try to disguise the smell of chloroform, hid the chloroform bottle, then sat by the bed for two or three hours after Edwin died before she woke the maid and the Doggetts. As soon as she had the opportunity she disposed of the chloroform bottle. Dyson panicked and she was forced to invent the story she recounted to Doctor Leach—that Edwin had poisoned himself.

In each of these possible scenarios the puzzle remains concerning the fact that no traces of burning were noticed in the mouth and throat of the deceased. Perhaps the state of Edwin's mouth made it more difficult than otherwise to detect the signs. The evidence is closely balanced to suggest either murder or suicide, with the suicide theory appearing marginally more convincing. Adelaide did not marry Dyson but returned to Orleans, the place of her birth, leaving behind her one of the most intriguing poisoning cases of the 19th century.

Frederick Cayley Robinson's *Acts of Mercy* murals at the Middlesex Hospital, London

J H Baron

In the front hall of the Middlesex Hospital, London, are four *Acts of Mercy* murals by Frederick Cayley Robinson (1862-1927). Each is 300 cm × 480 cm, oil on canvas. Two pictures flanking the central doors to the boardroom on the north wall facing the entrance depict orphans; those on the other two walls depict doctors.

These paintings were commissioned by Sir Edmund Davis in 1910 for the old hospital. When it was rebuilt in the 1930s, recesses in the entrance were specially designed for the paintings.

Davis came to Britain in 1900 from South Africa, where he had banking and mining interests. He patronised modern art and gave collections to the Luxembourg museum in Paris in 1915 and to Cape Town in 1935. A member, and later vice president,

of the board of governors of the Middlesex, he was knighted in 1927; he died in 1939.

Cayley Robinson¹ was much influenced by the Pre-Raphaelites, the Nabis, the Symbolists, and especially by Puvis de Chavannes, but he remained an individualist. Contemporary critics enthused about his work, calling it visionary fantasy; noble; and interweaving the synthetic with the intimate. He was then forgotten until 50 years after his death, when an article in the *Connoisseur*² and a retrospective exhibition emphasised his quasi-archaic style, the symbolic allusions without clearcut messages, and his people—denizens of a silent, timeless world.

The murals are not easy viewing and have never been fully documented, photographed, or illustrated. They

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The two scenes of "Orphans" were painted in 1915



"An ancient temple of healing" (1916; left) and wounded soldiers in hospital uniform of the first world war (1920)

are neither popular nor readily appreciated, not least because they are obscured by dusty glass and furnishings. In 1984 a critic described them as showing bloodless piety rather than purity and complained that the maidens are impossibly angelic and incorruptible virgins, a children's fairytale world.³

I used to stare hard at Cayley Robinson's murals daily in my 15 years at the Middlesex Hospital and medical school. My life was made happier by the

presence of these paintings, and they were one stimulus to my devoting much of my non-biomedical energies to beautifying hospitals.

I thank Steve Paratian, photographic department, Faculty of Clinical Science, University College, for the illustrations.

1 Brown D. *Frederick Cayley Robinson ARA*. London: Fine Art Society, 1977.

2 Stevens MA. Frederick Cayley Robinson. *Connoisseur* 1977;196(September): 23-35.

3 Cork R. Art and the national health. *Artline* 1984;2(3):6.

Thank you, Mr Shaw

Murray T Pheils

The correspondence between my father, Elmer T Pheils, and George Bernard Shaw has been in my possession since my father's death in 1952. Shaw first consulted my father, an osteopath, in 1924. The occasion is described by Shaw in a letter to the *Times*¹ and in *Doctors' Delusions*.² The subject of Shaw's letter to the *Times*, Dr Axham, had been struck off the medical register for giving an anaesthetic to a patient so that Sir Herbert Barker could manipulate the knee joint. Sir Herbert Barker was a bonesetter and not a registered medical practitioner. Shaw vigorously supported Dr Axham's case against the General Medical Council. In his letter Shaw described the treatment he had received from my father after a back injury while walking in Ireland: "It took me ten days to get to Birmingham, where an American D.O. [doctor of osteopathy], also classed as a blackleg by the G.M.C., set me right after 75 minutes' skilled manipulation."

Elmer T Pheils

My father was born in Toledo, Ohio, in 1879 and trained in osteopathy at Kirksville, Missouri, under George Still, who was the founder of the American osteopathic profession. He subsequently obtained medical registration in the state of Ohio. He came to London in 1907 for a working vacation with Dr Horne, one of the few American osteopaths practising in England at that time. He moved to Birmingham, where there was no one else in practice, and married my mother in 1910. Initially my father received a hostile reception from the medical profession, and I can remember being described as a quack's son by another boy at my preparatory school. In the end his skill and successful practice was acknowledged, and he made many close friends in the medical profession; indeed, he insisted that both his sons went to medical school.

My father's vision had started to deteriorate before he came to England because of retinitis pigmentosa.

His younger brother, who became an osteopath in Toledo, was also affected and so were his sister's sons. My father had to have all his correspondence read to him. He subscribed to several press cutting agencies and was always well informed about medical advances. We all read to him, but in later years he employed an extra secretary mainly for this purpose. He claimed that his poor vision enhanced his sense of touch and contributed to his skills in joint manipulation. He also had an enhanced ability to see in the dark. He was in the habit of snoozing while listening to the radio after dinner at night, then phoning his friends, sometimes after midnight, and then going for a walk before retiring in the early hours. He was well known to the policemen on the beat and the all night chemist in Birmingham. Radio and the telephone were a godsend to him.

As a medical student I occasionally assisted him in his practice. He would formally introduce me to his patients as I think he was proud of having a son who was a medical student. I would hold knees or legs when he wished to rotate the lumbar spine. He was always gentle—I never saw him hurt a patient. The concept of manipulation under anaesthesia was anathema to him.

Malvern

I was 7 years old when Shaw became a patient of my father's, but I came to know him well when we went to live in Malvern, where Shaw went for vacation. Both Shaw and my father enjoyed walking the Malvern Hills and often accompanied each other when Shaw was in Malvern for the weekends. My brother and I joined them when we were at home. Shaw was great company and took the opportunity to discuss a variety of subjects: politics, religion, science, history, theatre, music, boxing, and baseball. He walked and talked with great vigour and made dramatic gestures, sometimes with his walking stick, to illustrate a point—on one occasion I remember we had a competition to see